

**CLAMS ONLY**

Application Number

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22	2						72					
23	2						73					
24	2						74					
25	1						75					
26	2						76					
27	2						77					
28	2						78					
29	2						79					
30	2						80					
31	2						81					
32	2						82					
33	2						83					
34	2						84					
35	2						85					
36	2						86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1						Total Indep					
Total Depend	52						Total Depend					
Total Claims	53						Total Claims					